## TB SUSPECT AND CASE LOG

Page \_\_\_\_\_ for 2002

	Name			]	DOB _		Sex _	Age	
Suspect			City						
			Hospital						
						Phone_			
	Medications: INH								
Date			Date startedD					ate completed	
	Remarks:								
County:									
	Name			]	DOB _		Sex _	Age	
Suspect	Address				City			Zip	
Not case	MD		Phone			lospital			
Case	Date reported	Re	Reported by				Phon	e	
Case#	Medications: INH	RIF	_ EMB	_PZA	B6	Other _			
Date			Date started			Date completed			
Site: P EP County:	Remarks:								
	Name			]	DOB _		Sex _	Age	
	Address								
						Hospital			
	Date reported								
	Medications: INH								
Date	Damarka:					Date completed			
County:	Kemarks.								
	Name			]	DOB _		Sex _	Age	
Suspect	Address				City			Zip	
Not case	MD		Phone	<u> </u>	Н	lospital			
Case	Date reported	Re	ported by_				Phon	e	
Case#	Medications: INH	RIF	_ EMB	_PZA	B6	Other _			
Date						Date	Date completed		
Site: P EP	Remarks:								
County:									